

Reimbursement Management

The Board is authorized to reimburse treatment professionals for services provided to sex offenders who are indigent. Indigence is documented according to valid court order stating the offender is indigent and the State is authorized to pay for services or a completed 'Assessment, Notice of Obligation or Exemption of Fees' waiver. Exemption of fees waivers are the responsibility of the probation or parole officer. Treatment professionals are responsible for obtaining proof of the offender's indigence.

Reimbursement Rates

Psychosexual Evaluation:	\$300
Polygraph	\$100
Plethysmograph	\$100
Group Therapy	\$20

Stipulations

1. Provider must be approved by the Sex Offender Treatment Board and listed in the current Tennessee Sex Offender Treatment Provider Directory. Valid court orders will be honored even if the treatment provider selected by the court is not a Board approved provider.
2. Assessment, Notice of Obligation or Exemption of Fees must be attached to the invoice.
3. Assessment, Notice of Obligation or Exemption of Fees must be signed and dated.
4. It is not the responsibility of the Sex Offender Treatment Board or Tennessee Department of Correction to provide or obtain proof of exemption or indigence.
5. The reason for the exemption must be clearly identified or marked on the Assessment, Notice of Obligation or Exemption of Fees form.
6. Invoices must include the following information for payment to be processed:

Provider Information

Full and legal name of treatment provider

Licensure

Certification

Complete mailing address for location where services are provided * **home addresses are not acceptable**

Telephone number for location where services are provided

Date of Service

Service Type

Client Information

Full and legal name of client

State issued offender id number or

Social Security Number

Notice of Future Action

Effective December 1, 2004 providers may be required to furnish upon request a complete copy of the psychosexual evaluation for an offender and or treatment plan that indicates DSM diagnosis, treatment modality, expected frequency and duration of treatment.

Reimbursement rates are subject to change without prior notice.